

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000629

PRODUCER OF WASTE (Must be filled by producer)

Name: Alcoa [][][][][][]
(PRINT OR TYPE) CODE NO.

Pick up Address: Vernon [][][][][][]
(NUMBER) (STREET) (CITY) CODE NO.

Telephone Number: () P.O. or Contract No.:

Order Placed By: Date: 5-11-70

Type of Process
which Produced Wastes: Equip Cleaning [][][][][][]
(Examples: metal plating, equipment cleaning, oil drilling -
wastewater treatment, pickling bath, petroleum refining) CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)		
Check type of wastes:		
1. <input type="checkbox"/> Acid solution 2. <input type="checkbox"/> Alkaline solution 3. <input type="checkbox"/> Pesticides 4. <input type="checkbox"/> Paint sludge 5. <input type="checkbox"/> Solvent	6. <input type="checkbox"/> Tetraethyl lead sludge 7. <input type="checkbox"/> Chemical toilet wastes 8. <input type="checkbox"/> Tank bottom sediment 9. <input type="checkbox"/> Oil 10. <input type="checkbox"/> Drilling mud	11. <input type="checkbox"/> Contaminated soil and sand 12. <input type="checkbox"/> Cannery waste 13. <input type="checkbox"/> Latex waste 14. <input checked="" type="checkbox"/> Mud and water 15. <input type="checkbox"/> Brine
<input type="checkbox"/> Other (Specify) _____		

Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Concentration:		ppm
	Upper	Lower %	
1.			
2.			
3.			
4.			
5.			
6.			

Hazardous Properties of Waste:

pH 7 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 100 ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)

Containers: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)

Physical State: ☐ solid ☒ liquid ☒ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249
Phone: (213) 321-1392

Pick Up: 5-11-78 Time: _____
(DATE) 15 ☐am ☐pm

State Liquid Waste Hauler's Registration No. (if applicable):

Job No.: _____ No. of Loads or Trips: _____ Unit No. 5

Vehicle: ☒ vacuum truck 150 barrels, ☐ flatbed, ☐ other _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)			
Name (print or type)	Q. P. R. A. N. I. S. I. N. I. S.	CODE NO.	
Site Address:			

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery☐ treatment (specify): EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION CODE NO.☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well☐ other (specify): _____

If waste is held for disposal elsewhere specify final location:

Disposal Date: 2/11/73

I certify (or declare) under penalty of perjury
that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name

BILLING COPY